

## **HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: <u>ethics@honolulu.gov</u> Website: <u>http://www.honolulu.gov/ethics/</u>

## THIS SPACE FOR OFFICE USE ONLY

HONDLULU ETHICS COMMISSION RECLIVED

\$2.10.20

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## **2019 REGISTRATION**

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) (First) (Middle)			
KAGAWA, LAUREN K.O.			
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE	
STARN O'TOOLE MARCUS & FISHER		(808) 537-6100	
MAILING ADDRESS (No. and Street or P.O Box) 733 BISHOP STREET, SUITE 1900		FAX (808) 537-5434	
		EMAIL lkagawa@starnlaw.com	

<b>PART II.A ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
HILTON	(703) 883-1000		
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
7930 JONES BRANCH DRIVE	EMAIL		
(City) MCLEAN	(State) VIRGINIA	(Zip Code) 22102	
ESTIMATED NUMBER OF MEMBERS	Not Applicable		
METHODS USED BY MEMBERS TO N	✗ Not Applicable		

PART II.B NO LONGER LOBBYING	
🔀 I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 12/31/2019

NOTE: This is a public document.

PART III DESCRIPTION (	OF SUBJE	CTS ON V	NHICH	YOU EXPECT TO LOBBY	
☐Business & Economic Development	□Community Services			□Customer Services	
□Culture & Arts	□Housing			□Public Works, Infrastructure & Sustainability	
□Parks & Recreation	□Public Health, Safety & Welfare		Welfare	□Tourism	
□Transportation	□Zoning & Planning			□ Specific Legislation: □ Additional Sheet(s) Attached  Bill No(Year) Reso No Admin. Rule No Dept	
☐Other (indicate below):			-		
	, , , , , , , , , , , , , , , , , , ,				
PART IV LOBBYIST CER	TIFICATIO	N			
I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE  1/8//20 DATE			Subscribed and sworn to before me  This 31 day of antery, 2020  By: Drown & Pepulo  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS  TOWN F Paparlo  My commission expires:  6(12/2022  Notary Public, Story Howself		
PART V AUTHORIZATION NAME	N TO LOBE		AUTHOR	IZING OFFICER OR PERSON	
**		REPRESE			
NAME OF ORGANIZATION (if applicable)		TELEPHONE			
MAILING ADDRESS (No. and Street or P.O Box)		FAX	XX		
			EMA	NIL.	
(City)	(State) (Zip		(Zip	Code)	
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or F	erson Represe	ented)		(Date)	

NOTE: This is a public document.

NOTARY CERTIFICATION STA	TEMENT	
Doc. Date: 1/31/20	Undated at time of notarization	
	lu Ethics Commission – 2019	
Registration (Termination of Lobby	/IST Lauren K.O. Kagawa)	
No. of Pages: 3		
Jurisdiction: First Judicial Circuit Honolulu, Hawaii		
Goodsul Papalo	1/31/20	
Signature of Notary	Date of Notarization and	45
Florence F Paparlo	Certification Statement  Mycommusion expires	(Official Stamp or Seal)
Printed Name of Notary	4/12/2022	